

APPLICATION DATA SHEET

Application Information

| | |
|----------------------------------|--|
| Application Type:: | Regular |
| Title:: | METHODS AND APPARATUS FOR TREATING INTERVERTEBRAL DISCS |
| Attorney Docket Number:: | S-12 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 19 |
| Small Entity?:: | NO |

Applicant Information

| | |
|--|-----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | David |
| Middle Name:: | C. |
| Family Name:: | Hovda |
| City of Residence:: | Mountain View |
| Country of Residence:: | USA |
| Street of mailing address:: | 1900 Miramonte Avenue |
| City of mailing address:: | Mountain View |
| State or Province of mailing address:: | California |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94040 |

| | |
|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Brian |
| Middle Name:: | E. |
| Family Name:: | Martini |
| City of Residence:: | Menlo Park |
| Country of Residence:: | USA |
| Street of mailing address:: | 25 Harrison Way |
| City of mailing address:: | Menlo Park |
| State or Province of mailing address:: | California |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94025 |

| | |
|---|------------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Allison |
| Middle Name:: | C. |
| Family Name:: | Johnson |
| City of Residence:: | San Mateo |
| Country of Residence:: | USA |
| Street of mailing address:: | 702 S. Delaware Street |
| City of mailing address:: | San Mateo |
| State or Province of mailing address:: | California |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94402 |

| | |
|---|--------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Norman |
| Middle Name:: | R. |
| Family Name:: | Sanders |
| City of Residence:: | Hillsborough |
| Country of Residence:: | USA |
| Street of mailing address:: | 35 Knollcrest Road |
| City of mailing address:: | Hillsborough |
| State or Province of mailing address:: | California |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94010 |

Correspondence Information

| | |
|---|------------------------|
| Correspondence Customer Number:: | 021394 |
| Name:: | ArthroCare Corporation |
| Street of mailing address:: | 680 Vaqueros Avenue |
| City of mailing address:: | Sunnyvale |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | USA |
| Postal or Zip Code of mailing address:: | 94085-3523 |
| Phone number:: | (408) 736-0224 |
| Fax Number:: | (408) 530-9143 |
| E-Mail address:: | rbatt@arthrocare.com |

Representative Information

| | |
|----------------------------------|--------|
| Representative Customer Number:: | 021394 |
|----------------------------------|--------|

Domestic Priority Information

| | | | |
|------------------|--------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Non Provisional of | 60/408,967 | 9/5/2002 |
| | | | |
| | | | |

Foreign Priority Information

| | | | |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
| | | | |

Assignee Information

Assignee name:: ArthroCare Corporation
Street of mailing address:: 680 Vaqueros Avenue
City of mailing address:: Sunnyvale
State or Province of mailing address:: California
Postal or Zip Code of mailing address:: 94085-3523